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PROBLEM FORMATION

Plus ça change, plus c'est la même chose [The more things change, the more they remain the same].

—Alphonse Karr, *Les Guêpes*, 1849

Change is at the heart of psychotherapy. Although many mental health professionals are eager to say they possess the royal road to change, little agreement in the field exists on precisely what is important to change. Behavioral therapies, for instance, emphasize extinguishing maladaptive behaviors and shaping new skills. The now-popular cognitive approaches stress challenging dysfunctional thought patterns and replacing them with more adaptive constructs. The psychodynamic tradition affirms the importance of a corrective emotional experience and replacement of neurotic relationship patterns with less defensive ones. The humanistic and existential school suggests that learning to become and experience one's authentic self in the moment is what change is all about. These are but a few broad statements on the nature of effective therapeutic change. Each is different and compelling in its own way.

If agreement cannot be reached about the nature of change at the theoretical level, then at the least it is reasonable to concede that stability is the opposite of change. Yet, on examination, even this turns out to be far from the case. Stability, in fact, is maintained by change. Stability and change are not found on opposite sides of the coin; they are closely related, entangled in surprising and sometimes complex ways.

A closer look at constancy or stability shows that continual change supports stability. For example, a tightrope walker makes constant adjustments, both large and small, to maintain balance or stability on the rope. Most people have had the experience of riding a bicycle, in which many changes in direction, weight distribution, and speed must be made to maintain equilibrium. Relationships, too, require continual adjustments and renegotiation to remain viable. Each example reveals a singular connection between change and stability.

Sometimes, efforts designed to maintain stability produce an unwanted effect, actually destabilizing the situation. This is observed with the tightrope walker who overcorrects while attempting to maintain balance. When handling a bike, if the rider holds the handlebars too rigidly and does not make needed corrections in direction (or undercorrects), the bicycle will inevitably tip over. Over- or undercorrection can induce a loss of balance and a tragic fall. The possibilities of over- and undercorrection further complicate the relationship between change and stability.

The connection between change and stability also diverges from everyday reasoning. Consider the following examples:

- In flying lessons, student pilots learn to stall an airplane and then bring the plane out of the stall. By climbing too steeply, the engine will stall out. Beginners exhibit a natural tendency to correct by pulling the controls farther back to go up. After all, they are trying to go up. When a plane goes into a stall, however, the pilot must counter this instinct and do the opposite. Breaking out of the stall requires one to push the controls forward to go down. The pilot literally tries to fly back toward the ground. This stops the engine from stalling and allows the pilot to guide the plane back on course.
- When mountain climbing on steep, sheer, and exposed rock faces, the novice's natural tendency is to cling tighter to the grips and freeze against the cliff. In such ascents, all climbers are *belayed*, or kept safe by being tied together and to the rock by ropes. One must trust the rope to let go of one grip and then move up to gain another. To learn this, however, the beginning climber must fall to avoid a calamitous fall in the future. The best way for beginners to understand that the rope will catch them and keep them safe is to test the rope. The idea of avoiding falls by learning to fall is sensible at one level but defies common sense at another. From his own experience, the first author found this task quite daunting. The mind insists that the reward for such folly is certain injury or death.
- In the decidedly safer and popular game of golf, examples abound of learning experiences similar to those of pilots and rock climb-

ers. In chipping the ball, for example, the objective is to direct the ball to fly up and over obstacles and then land on the green. Most beginners make the mistake of trying to lift their club and body up as they swing to make the ball go up as well. This fundamental error, called *scooping*, causes the club to hit the ground too far behind the ball, resulting in a poor shot. Good golfers learn to hit down on the ball to make it go up. Because it is so natural to scoop the ball, professional golfers spend countless hours practicing striking down on the ball. Even so, under the stress of a big tournament, the tendency still is to scoop.

Turning to the putting green, the final goal is to put the ball in the hole with as few strokes as possible. Golfers are taught to focus on the process of making a good putting stroke and not worrying about sinking the putt. Good putting reliably lands balls in the cup; focusing exclusively on the target lands golfers in a hole of frustration.

- Eastern philosophy and Zen in particular holds many comparable lessons. In his short essay *Zen and the Art of Archery*, Eugen Herrigel (1989) described how the Zen master instructs the student to focus foremost on the fundamentals: drawing the bow, breathing, and positioning the body. By directing attention to good technique, an archer is then much more likely to hit the target. Across all domains, the essence of Zen practice holds that using logical solutions to reach a goal inhibits rather than helps. Logic tells us to focus our efforts on results. This leads to anxiety. Anxiety then causes mistakes, making it even more difficult to achieve the desired outcome.

Returning to archery, the novice may begin an internal dialogue about hitting the bull's-eye. "Am I aiming too far right or left? The bulls-eye looks so small; how will I ever hit it?" These questions create tension and increase the likelihood of making a mistake. Zen practice breaks the student out of this mind-set. The student learns how to concentrate, notch the arrow, draw the string, and control one's breathing. In short, the student learns the process of shooting well. Hitting the bull's-eye is the final outcome of a good process. One hopes that the student will understand that in archery, as in all life endeavors, goals are more directly attained by not attempting to reach them directly.

Something akin can be seen in pain management. It is rational for most people with chronic pain to want an end to the torment. A common solution is for the patient to try to ignore her pain, or else to brace herself against it when she feels the pain. Through attempting to ignore the pain, she never learns to master it, and by bracing against it, she is likely to make the experi-

ence worse. In pain management programs the goal is for the person to pay attention to his or her pain and even intensify it to learn that he or she can alter the intensity either up or down. Paying attention and intensifying pain is the opposite of trying to stop it. It runs counter to the patient's goal. Yet pain becomes more manageable when the sufferer goes toward or embraces the pain that she is trying to avoid. In brief, the path to mastery includes the pain rather than ignoring it or acting in opposition to it. The psychologist Jon Kabat-Zinn (1990) showed potent effects by teaching pain patients to meditate and be mindful of their pain in just this way.

A moment's reflection on the preceding examples suggests that effective change often entails a paradoxical kind of effort. This kind of change, counterintuitive as it may first appear, is the golden thread running throughout effective therapy and the subject of this book. However, before proceeding to the examination of change that makes things better, we must first understand the sort of change that makes things worse. It is this class of change that creates and perpetuates problems and brings people to therapy in the first place.

PROBLEM FORMATION: STAGES AND CONSTITUENTS

There is always an easy solution to every human problem—neat, plausible, and wrong.

—H. L. Mencken, 1917

Clients' problems often resemble the predicaments of tightrope walkers and pilots-in-training. In particular, the natural steps clients take to maintain a pleasant, stable situation or to change a problematic one often make their situation worse. Their efforts to create stability or initiate change for the better often cause or aggravate problems and make them more persistent and impervious to change. Clients often indicate this when they say, "The more I try to get control of my anxiety, the more anxious I get." or "The more I try to move on from my grief, the more I find myself breaking down in tears."

An inescapable dilemma attends problems and problem formation. Most of the time, and for most people, the difficulties encountered in daily living are readily resolved with good old common sense. And yet, on occasion, the very same common-sense assumptions become the driving force in the development of serious problems. As we discuss later in this chapter, therapists can fall prey to these same traps.

Naturally wanting predictability, stability, and control, people first filter challenges through their beliefs and premises about how the world works. The goal is to make sense of the challenge: to define it; to establish its significance and parameters. The beliefs people use are derived from experience, precedent, tradition, culture, folk wisdom, or the conventions of the time. As well-conceived or ill-conceived as the premises may be, they are precon-

ceived. They are what people bring to the table when a challenge is laid before them.

A premise is, at its core, a basic assumption about the way of the world. It is a proposition—or, better said, a set of presuppositions—from which conclusions are drawn and future actions are decided. In a person's psychological economy, these presuppositions perform an organizing function. As such, they are conservative, even protective, and surprisingly resilient.

The precursor to any problem is a stressor or adaptive challenge. Yet these occur all the time, for everyone, and not everyone develops problems. As the late John Weakland, celebrated therapist and coauthor of *Change: Principles of Problem Formulation and Problem Resolution* (Watzlawick, Weakland, & Fisch, 1974) put it, "Life is one damn thing after another, but it's the only game in town." (J. Weakland, personal communication, October 30, 1980.) Problems are caused not by stressors or challenges, but by how people experience these stressors or challenges. After the assessment of the stressor or challenge, people choose an action or solution for management. The solution is selected from the known universe of alternatives suggested by their beliefs and premises. They might decide to do nothing. They might decide to manage the challenge by changing it or themselves in some way. Perhaps they decide to contend with the difficulty by actively avoiding it. If the action or solution works, life goes on until the next inevitable "damn thing" presents itself.

Piaget (1947/1950) asserted that people often resolve life difficulties by assimilating or accommodating them into their familiar repertoire. Such frames and actions work much of the time. For example, parents often use rewards to help children directly achieve developmental goals (e.g., toilet training). Later, as they face other developmental stages, they return to the strategies that served them and the family well before.

This is fine and good so far, yet what happens if the solution does not work? For the stressor or adaptive challenge to devolve into a problem, and not remain one of life's many annoyances, two conditions need to be satisfied. First, the same solution or type of solution is selected. Second, the solution or type of solution is applied over and over again. Should this occur, a vicious cycle rapidly sets in motion. This is what is meant in a popular saying attributed to Albert Einstein, "Insanity: doing the same thing over and over again and expecting different results." Similarly, Weakland said that once a vicious or problem cycle takes hold, life changes from one damn thing after another to the same damn thing over and over again (J. Weakland, personal communication, October 30, 1980).

Failed solutions, it bears emphasizing, will be repeated until interrupted. It is as though they have a life of their own. In addition, repeating failed solutions almost always results in a downward spiral—this is the inevitable and terrible logic of the vicious cycle. Instead of creating improvement, the attempted and failed solution makes the problem worse. As the situation deteriorates, more of the same attempted solution is applied, exacerbating

the problem and then provoking varying escalations of the solution. From this vantage point, the solution actually becomes a bigger problem than the original problem it was meant to solve.

The vicious cycle as just described might even be called a *solution-generated problem*. Over time, the problem will probably manifest little resemblance to the original difficulty. Such patterns are classic and, as we discuss further in chapter 3, occur in diverse contexts and at different levels of interpersonal commerce.

Once a person is familiar with vicious cycles, they are recognizable in many situations. An uncomplicated example, observed by one of us years ago, involves a bird trapped in a two-story vestibule of an apartment complex. At the front of the vestibule were double doors, with a large plate glass window directly above. It was spring, the weather pleasant, and so the double doors were left wide open. A bird, doing as birds often do with such an invitation, flew into the building. In short order, finding itself caught, the bird understandably decided to beat a hasty retreat. Resorting to what must have worked before to escape a comparable cul-de-sac, it turned around and flew up and at the plate glass window. At the risk of anthropomorphism, the poor bird's apparent premise was "If you can see forward, then that's the way out!"

Determined to free itself, the bird then engaged in a variety of solutions. It flew at the middle of the window, the side of the window, the top, and then the bottom. It flew soft. It flew hard. It flew into the glass with its head and with its side. As these attempts failed, the more intense and frantic the bird's efforts became. In short, the hapless animal was caught in a vicious cycle: a solution-generated problem.

One could surmise that in the bird's "mind," all its attempts were dissimilar. Flying at the top of the window is much different from flying at the middle or bottom. Striking the window with its side is much different from hitting it straight on with its head. If a soft impact did not release it to the outside, then surely a hard blow would force the way out.

To the onlooker, the resolution was not only logical but also simple—anyone could see it. Reverse the entire thrust of the solution. Hitting the top, middle, and bottom of the glass with its head or body, soft or hard, was patently not working for the bird. Thus, the bird should fly back and down, instead of forward and up.

Unfortunately, for the bird, such sound direction would have made little sense. All birds know that the way out is forward and up. If it can see forward, go there. To fly backward and down violated the bird's premise on what to do, regardless of whether it was instinctually derived or gained from experience.

As it turned out, the bird fortuitously achieved its goal. It hit its head so hard on the glass that it fell to the floor in front of the open door, stunned. On regaining its wits, away it flew.

People, of course, are not birds caught in apartment building vestibules. Nonetheless, they do become trapped in the same kind of solution-generated

problems. To illustrate, almost within minutes of turning on the television, the viewer is bombarded with advertisements for medications such as Viagra. Apparently, the pharmaceutical industry would have the public believe that erectile problems in men (i.e., attaining and maintaining erections) are epidemic, sponsored by rampaging vascular difficulties. For all that, years ago, the renowned sex therapists Masters and Johnson (1966, 1970) demonstrated that most erectile problems are related to a vicious cycle; a solution-generated problem. The more a man feels anxious about whether he will have or keep an erection, the more his attention is riveted on the second-to-second performance of his sex organs. This is hardly stimulating, if readers will pardon the pun.

All men, for myriad reasons (e.g., fatigue, too much alcohol or tobacco, stress, prolonged bicycle riding, lack of rapport with a partner), will face erectile inefficiency. If accepted as inevitable and temporary, it remains what it is: an irritation or passing inconvenience. However, what if the inefficiency takes on a different meaning? What if the incident is regarded as a sign of something more serious or sinister?

Maybe the man interprets the lack of an erection as a demonstration of inadequacy or a lack of virility. He then might feel embarrassed or ashamed; humiliated before his partner. In this case, so the worse fears do not become true, the "failure" cannot be repeated. The erection, come hell or high water, must be achieved quickly, aggressively, and proudly. Fretting, the man's solution is somehow to make the erection happen using the right stimulation, the right position, the right mood or atmosphere. The result is predictable: Instead of enjoying the satisfactions of the moment, the man becomes mired in failed attempts to achieve deliberately a state that best comes spontaneously.

The resolution became obvious to Masters and Johnson (1966, 1970): Redirect the man's attention away from the erection to the sensuality of the total sexual encounter. By interrupting the man's solution (e.g., through sensate focus), calm returns, and pleasure is felt. Nature is then allowed to take its naturally arousing course. As with the beginner archer, the chance of hitting the bull's-eye increases when any anxious focus is diverted from the target.

Women who attempt to force themselves into an orgasm fall in a nearly identical trap. As with men, the joy of sex morphs into the job of sex. Again, the solution is not to work harder but to relinquish the solution.

In the following chapters, we describe many examples of problems. As they are presented, it helps to recall that a problem (either psychological or interpersonal) does not arise in the original stressor or challenge. Events that may precede problem formation are too numerous to categorize and, besides, people exhibit a wide variety of responses, many of which are adaptive and even growth promoting. In this sense, stressors are not and never will be the cause of a problem. The actual "kick point" for a problem is the solution that

falls flat on its face. Should a person relinquish an ineffective solution and move on to one that actually manages the stressor, a problem still does not exist. Once the person repeats the ineffective solution, then the problem can be said to be forming.

With this in mind, recall the bird caught in the apartment vestibule: The events leading up to its being caught in the vestibule are far less important than the necessity that it does something different from repeatedly smashing itself against a plate glass window. How a man first experiences an episode of erectile inefficiency matters little against his anxious, repetitive, and protracted attempts to force an erection into being.

From this point on, we refer to the misguided and repetitive attempt to accomplish a change for the better by whatever means as a first-order change. It is a change derived from the first (preexisting) set of premises a person uses for managing a challenge. In considering first-order change, remember that it does not always give rise to failure. This is an important caveat. Often enough, first-order solutions are chosen because they worked in similar or past situations. They may very well resolve the current difficulty. If the solution works, then no problem ensues.

However, if the solution fails or falters, then a change of a different order is needed. This type of change, called a second-order change (discussed in depth in the next chapter), is derived from a second, or altogether different, set of premises that fit the situation as well as or better than the first. The alternatives that arise in second-order change represent a whole new set. Because they do not reflect the person's current worldview, they are commonly experienced by the individual or participants trapped in a vicious or first-order cycle as strange, weird, out of the blue, paradoxical—often contrary to common sense.

Although the language of solution-generated problems and first-order change presented in this chapter may be unfamiliar, the field of psychology has long been fascinated with vicious or problem cycles. We now turn our attention to the role vicious cycles have played in several therapeutic systems. As will be seen, over the years, the import and impact of vicious cycles have been recognized and documented. Knowing the foe from many different perspectives strengthens one's power to defeat it.

VICIOUS CYCLES REDUX

It's déjà vu all over again.

—Yogi Berra

An unfortunate trend has been observed in recent years among professional therapists: When someone conceives an idea or theory for treatment, it is publicized, especially in workshops and seminars, as though it were the next

best invention since sliced bread. The pursuit of celebrity status peaked in the 1990s, yet the incentives to make unique or original claims for one's work remain. When it comes to vicious cycles, despite the temptation, no special claim can be justified or rationalized. This concept has been a touchstone across several therapeutic models and the subject of inquiry for more than 100 years. A brief sampling of what has been said and understood follows.

Psychoanalysis

With the *repetition compulsion*, the psychoanalytic tradition introduced the vicious cycle as a prominent, if not defining, feature of maladaptive behavior. For Freud, neurotic individuals displayed a compulsion to repeat traumatic events over and over, without regard to the damage rendered to their individual and interpersonal relationships. In his writings, particularly his metapsychology, the impression arises that he (and those who followed him) could never fully account for the phenomenon; above all, for the unconscious purpose it served.

In some places, the repetition compulsion is described as a vain quest to achieve mastery of an earlier trauma. The aim is to gain a new beginning (i.e., a resolution of the trauma denied under the original circumstances), but the outcome is invariably failure. For others, the repetition of the trauma and the subsequent pain it engenders gives punishment for sins committed. The pain provides contrition, and alleviation from guilt, although the relief is only transitory. Last, it is thought that the client repeats the past neurotic pattern because it is known or familiar; a far safer haven than a change toward an unknown, uncertain future.

The most recognizable, even-extreme form of repetition compulsion is seen in the ritualized acts of an obsessive-compulsive person. Consciously, the acts are *ego dystonic*; that is, the person recognizes the absurdity of the behavior but cannot withstand the internal pressure to perform the act. Examples of compulsive rituals are legion.

One of the authors, during his internship in a locked unit of a state hospital, was called out by the female nursing staff. A male patient would not quit his morning shower. On entering the patient's bathroom, it was obvious that the young man had been standing under the shower for quite some time. His skin was puckered and bright red from the extended exposure to the hot water. When asked to finish, it was as though he had two minds. Nodding his head repeatedly, he agreed he needed to get out and said he would, all the while continuing to scrub himself vigorously. After several attempts at persuasion, he finally relented. Keenly embarrassed, he hurriedly dried himself, dressed, and then rushed out to the dayroom. The author found the moment poignant, almost surreal; the compulsive washing appeared to have an existence separate from the patient. Under the sway of the vicious cycle, the young man felt helpless and humiliated.

Although less dramatic than the last example, the repetition compulsion is invoked to account for people who repeatedly choose inherently destructive relationships. The prototypic case is of the man or woman who, almost unerringly, finds someone to punish, reject, or offend him or her. As soon as one relationship ends in disappointment, another is found, and the sad history is repeated. The cycle continues even though the person may be told by family, friends, and even therapists that the relationship is a mistake, doomed to bring more heartache, more injury.

Because repetition compulsion, as an explanatory concept, has never reached a final, conclusive form, its principal value comes as a description. At a minimum, psychoanalysts observed and recorded a consistency across problematic behavior. No matter how distressing the results, and no matter how many times failure was encountered, the person resorted to variations of the same solution over and over. If any consensus exists in the metatheory, it is that, through the repetition, the person is attempting to achieve some relief, if not resolution. This misguided and repetitive attempt to achieve a change for the better, by whatever means, is the hallmark of a first-order change.

Cognitive-Behavioral Therapy

Presumably combining the best of behavior therapy with cognitive therapy (viz., the work of George Kelly, Albert Ellis, and Aaron Beck), cognitive-behavioral therapy or modification elevates vicious cycles to a central place in the approach. They are posited as key offenders in depression, panic disorder, social phobia, hypochondria, bulimia, body dysmorphic disorder (BDD), obsessive-compulsive disorder, and other troublesome conditions. Detailing the presentation and operation of vicious cycles in all the disorders previously listed would exceed the scope of this historical review. For demonstration, however, the description of a vicious cycle as played out in BDD, the so-called "ugly disease," follows.

BDD refers to a preoccupation with one's appearance. To the afflicted, reportedly approaching as many as 5 million people in the United States, a real or imagined physical defect becomes a fixation. Although any feature may be the subject of intense focus, weight, complexion, face, hair, and legs are common imagined deficits.

Attending to the anxiety over the defect is a variety of action that people use to cope. To begin, some may attempt to groom the defect out of existence or minimize its impression (e.g., shaving, combing hair, removing or cutting hair, applying cosmetics). Using a form of camouflage or covering over apparel, or the closely timed and strategic placement of the hands over the imperfection is also pursued. Also seen are checking behaviors in which the person compares the appearance of the defective feature with others or frequently inspects the body part in mirrors and reflective surfaces. Mirrors may also become as loathsome as the defect, objects to be scrupulously avoided.

In social situations, the patient may repeatedly attempt to solicit reassurance about the flaw or even convince others of its ugliness. A commonplace remedy is to avoid any circumstance in which the perceived defect might be revealed. One woman, described by the psychiatrist Katherine Phillips in *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder* (1996), lived with her parents and rarely left her bedroom; when she did leave, she covered her face with a veil.

The solutions just described for managing the defect are at best partial and often more debilitating than the condition itself. Social avoidance exemplifies this point and provides an excellent example of a vicious cycle.

As noted, many people with BDD stay away from social activities. Fear of rejection drives the avoidance but the withdrawal, of course, provides fertile ground for the fear. For both men and women, the inevitable encounter triggers the idea that others are staring at them, noticing the defect, and forming a host of unfavorable opinions. Bound up by these ideas, the person shuts down, pulls back, and refuses or makes only a faint attempt at conversation and engagement. This is apt to be interpreted as aloofness or unfriendliness, leading others to pull themselves back or turn to easier, more congenial company. The client interprets this reaction as evidence of his or her worst fears: "I was right. They see it. I am ugly and undesirable." Hardly wanting a curtain call on such humiliation, the person resolves that withdrawal is the best course, adding more force to the cycle.

Perhaps the best example of vicious cycles from a cognitive-behavioral approach can be found in Aaron Beck's (Beck, Rush, Shaw, & Emery, 1979) approach to the operation of automatic thoughts and schemas. The proverbial cognitive-behavioral triangle of actions, thoughts, and body states sets up the first reverberating cycle of how the interpretation of environment affects our experience of emotions and shapes our subsequent actions. These actions, in turn, influence our environment, which further shapes our perceptions, interpretations, emotions, reactions, and so on. Once set in motion, these cycles can shape and reflect larger themes, called *schemas*. These schemas can drive further actions of people in a process that some find quite similar to the repetition compulsions described earlier in the discussion of dynamic perspectives. The point is that the core of this approach is the self-defeating, self-fulfilling prophecy of vicious cycles that are client problems, as we discuss in chapters 7 and 8, which focus on anxiety and depression. Barlow's (2001) approach to reversing the vicious cycle of panic attacks and anxiety disorders is just one example of how successful interventions from this perspective intervene in the vicious cycles of clients' problems.

Systems Theory Approaches

Another way of explaining vicious cycles of solution-generated problems is through the language of systems theory. These cycles have been called

positive feedback loops. To be clear, the word *positive* has nothing to do with a value judgment that what is going on is "good." It may or may not be. A positive feedback loop refers to a circular process. Here, the more of A that occurs, the more of B occurs. The more of B that happens, the more this draws on A to happen. This is circular cause and effect, in which A causes B, which causes A, and so on. It is different from the linear cause-and-effect formula of A causes B, which leads to C. Positive feedback creates "run-aways" in a system. Turning to human interaction, whether we label this resulting pattern a *vicious* cycle or a *virtuous* cycle depends on what value we assign to the process. The sexual problems discussed earlier involve positive feedback loops that we find undesirable. We might therefore label them *vicious* cycles. The results of interdicting a client's failed solutions to his or her sexual difficulties may lead to a new positive feedback loop that yields progressive passion, intimacy, excitement, and release. Valuing these as desirable therapeutic resolutions, we would then call these *virtuous* cycles. The positive feedback process is the same. The value judgment applied to it is what makes the difference between vicious and virtuous.

A common example from electronics is the positive feedback we have all heard from someone who holds a microphone too close to a speaker. Sound from the speaker is picked up by the microphone and is fed back through the receiver, which amplifies the sound and sends it to the speaker again, to be picked up as louder by the microphone and fed back, and so on. The result is the growing, deafening wail that we have all heard. The problem results from successive changes in a positive feedback cycle and ends only when the microphone is diverted away from the speaker. The cycle is broken; the pattern is interrupted.

As with each thumbnail sketch of the selected perspectives, there are many approaches within each perspective. There is not one system theory approach that will represent them all. There is, however, a foundation in general system theory that can be tapped. The works of Ludwig von Bertalanffy (1962) or Norbert Weiner (1961) are often brought forward as representatives of general systems theory. However, it was the sociologist Walter Buckley (1987) who did the best job of pointing out that there are qualitative differences among systems, from mechanical systems, to biological systems, to interpersonal systems of human interaction. Buckley's principles of process-level systems are most applicable to the kind of interpersonal system problems of human interaction that people bring to psychotherapy. The positive feedback cycle described earlier is at the core of human interpersonal systems from this view. In short, human interaction (including with ourselves) is described as a series of positive feedback cycles over time. The unit of interaction is communication that evolves over time. Reverberating cycles are described as vicious or virtuous depending on the value we attach to their process and outcome at any given point. Any one "kick-point" or original cause may generate a wide array of different cycle patterns. Similarly, the

same kinds of problem cycles in different people may be generated from a wide array of initial starting points. They are functionally autonomous, to recall a term described earlier, from what initiated them. This perspective of process-level-human-interactional systems is the essence of the first-order and second-order change ideas that we are describing.

The Dialectical Perspective

The dialectical view is a systemic perspective that views all elements of human interaction as parts of a dynamic, ever-changing whole. It has ancient origins in both Eastern and Western philosophy. A basic premise of this view is that apparently polar opposite elements are viewed as poles of related dimensions and are therefore integrated at a higher order level of logic or organization. Furthermore, change, and not stability, is the essence of this view of human interaction. This assumption was shared from ancient origins by both the Greek philosopher Heraclites and the Chinese Taoist philosopher Lao Tzu. The German philosopher Hegel is a modern interpreter of the dialectical view. The dialectical view suggests that life problems come from vicious cycles as we get stuck at one level and are unable to move to the next to synthesize the poles of the dilemma. One way of viewing this is as movement from one pole to the opposite and, finally, to the integration of the two, or from thesis to antithesis to synthesis. Integration or synthesis is always moving to, accepting, and experiencing the world at a higher level of organization, or a higher logical level. Truth in this view is not fixed and is externally discovered and verifiable. Truth is relative to the system in which it evolves, and it is an emergent product of interaction within a social domain. This is similar to the social constructionist perspective, according to which the premises, assumptions, and concepts that evolve in each different system shape and direct what vicious cycles will uniquely develop. Although there are Eastern and Western philosophical traditions that embrace the dialectical perspective, this view is most often related to Eastern philosophies. The dialectical perspective is essentially the same as such non-Western perspectives as Zen Buddhism and Taoism. Because this perspective is so different from most Western assumptions, it is often experienced as illogical, counterintuitive, or paradoxical to most therapists in Western cultures. This non-Western perspective affirms a balance and affirmation of all actions and ideas. This is represented in the classic yin-yang symbol that has dark on one side, light on the other, and a dot of each shade in the middle of its polar opposite. The opposing elements combine into a circular whole, with the synthesis of opposites defining the essence of the whole at another level. The essence of human dilemmas is being out of balance, which initiates vicious cycles that take on lives of their own. These are but a few of the major bases of the dialectical perspective.

The view supporting first- and second-order change that we use throughout this book assumes that all human interaction is part of a dynamic, ever-changing whole, exactly as does the dialectic view. The way we negotiate interactions and change within a systemic whole is the focus for understanding and changing people within these systems. This is a perspective that focuses more on the process of change and less on the content and formal structure of the issues or systems at hand. Reality, truth, premises, and related assumptions on the way things are evolve and emerge from cocreated social interaction among group members. In this view, the only thing constant is change. As we discuss in the next chapter, ideas from group theory and the theory of logical types are used to describe the types of change.

As we discuss presently, first-order change is that which occurs yet does not change the system. Because changes are in accordance with the accepted premises, rules, and assumptions guiding the system, these changes are logical or make sense to those within the system. We will explain that first-order change operates according to the rules of group theory. Second-order change is a change that changes the system itself. This happens by moving to a higher order of organization in understanding and interacting within our world; to a synthesis or integration of the poles of the first-order level. Because second-order change alters the assumptions and related rules of interaction within systems, such change is often experienced as counterintuitive or paradoxical when viewed from within the assumptions of the system undergoing second-order change. We will explain that second-order change operates according to the theory of logical types. First-order change typically involves the acceptance of a set of assumptions on the nature of correct and incorrect, right and wrong, parameters for action within a given system. Problems are often resolved by applying negation, or the opposite of what needs correcting. Frequently, this action works; often, it creates escalating vicious cycles, yet always it maintains the system. Second-order change resolves the polemic and escalating vicious cycles of first-order solution patterns by redefining the nature of the system and integrating the poles in a new synthesis, thus eliminating the solution patterns that are the essence of the problems at the first-order level. Said another way, second-order change alters the solutions of the first-order level and changes the assumptions on which they were based. The dialectical perspective and the process view of systems from which first- and second-order change emerge are one and the same.

THE MENTAL RESEARCH INSTITUTE

That vicious cycle
Ridden solely on perceptions.

—Unknown poet

The shoulders on which we stand to put forth our approach are those of the staff of the Brief Therapy Center at the Mental Research Institute (MRI) in Palo Alto, California. Paul Watzlawick, John Weakland, and Richard Fisch have been the core members of this group. They have jointly and individually authored a number of influential books on their work, but none is more influential than their book *Change: Principles of Problem Formation and Problem Resolution* (Watzlawick et al., 1974), and its more practical companion, *The Tactics of Change* (Fisch, Weakland, & Segal, 1982). They were powerfully influenced by their association with Gregory Bateson, Milton Erickson, Donald Jackson, Jay Haley, and various other creative thinkers and practitioners. They were the first, however, to apply the concepts of group theory and the theory of logical types to human problems and thus articulate and apply the ideas of first-order and second-order change to problems and their resolution. We owe an immeasurable debt to their work, from which we will continue to draw and to which we refer directly and indirectly throughout these first foundational chapters. This MRI group has made two major contributions: First, they have provided an understanding of how and why problems persist and change; second, they have provided a typology of problem formation and resolution.

First, we have built our discussion of how problems persist by using the MRI group's definition of first-order change and the nature of people's assumptions or premises. In observing people locked in a vicious cycle, it is tempting to be judgmental. "What is the matter with them? Can't they see what they're doing?" The more important question is why people persist in the face of failure.

When faced with an apparent difficulty, we tend to convert preconceived ideas into a convenient set of premises or rules for problem solving. We typically choose the set of assumptions that have worked well for us in the past. However, people have an affinity to choose a particular set and then follow the associated rules of solution. Therefore, even in novel situations people have a tendency to choose a frame that will lead to a simple set of related rules. These rules form a logical system that determines what solutions are reasonable. This becomes a problem only when the premises are flawed.

The nature of vicious cycles and how well-intentioned people get trapped can be further understood as a function of human pride, dignity, predictable safety, and dogged determination. Unlike computers, we have strong protective emotions attached to our premises. The fear of mistakes can turn first-order change into an emotionally compelling and very personal dilemma. We are confronted with potential embarrassment or shame if others become aware that some of our deeply held assumptions may be mistaken. Furthermore, our premises and related assumptions about the nature of the world have an existential dimension. Our premises regarding the way things are

help us to create predictable safety in our world. We might disagree on many levels on whether our world is, in fact, predictable and safe; however, giving up a position that has served us well in the past for an untried new assumption is often experienced as a risky proposition. This is even truer when we feel that the stakes are high, time is pressing, and the risk of loss is great. Such is the case at most crisis points. Finally, many of us have been raised with admonitions such as "If at first you don't succeed, try and try again!"; "Don't give up the ship!"; "Damn the torpedoes, full steam ahead!"; and "When the going gets tough, the tough get going!" These are just a few examples. Such platitudes become deeply held and unexamined. We become doggedly determined to stay our course as we remember these directives. Each factor keeps us wedded to our premises. We continue to act with tireless persistence. As we hold tightly to our cherished beliefs, our solutions become the problem in a familiar vicious cycle. (On reflection, this same allegiance to a viewpoint applies equally to psychotherapists and their cherished theories and practices of psychotherapy.) We recall that it is said that Milton Erickson, who very much influenced the MRI group, suggested that the art of therapy was helping people to bow out of their symptoms gracefully.

Second, the MRI perspective on change provides a typology of problem formation that implies pathways to their resolution. The MRI group looked closely at the way problems evolve and provided a nice classification scheme. Because of the importance of this scheme, we discuss it in depth under the next major heading. To recount the purpose of this section, however, the concept of vicious cycles that lead to solution-generated problems is not new. It exists across theories and perspectives from psychodynamic to existential-humanistic, to cognitive-behavioral, to systems theory, to the ancient dialectical view and, finally, to the perspectives we now discuss that were developed by the MRI group. Again, we stand on their shoulders as they have stood on those of others before them. Their categorization of the types of change will serve us as a guide to the golden thread that we will follow through the empirically supported therapies reviewed in the next section of the book.

THE ROADS BETTER NOT TAKEN: THE EVOLUTION OF PROBLEM CYCLES

The Greek philosopher Heraclitus (ca. 500 BC) said, "Nothing is permanent but change." Change is at the heart of clients' problems, and change is the core element in all effective problem resolution. It is the nature of the change that determines whether it is problematic or a resolution. Referring again to the book *Change: Principles of Problem Formation and Problem Resolution*, its authors, Watzlawick and colleagues (1974), described three basic ways that problems may evolve.

1. *Action is necessary but is not taken.* This might be described as denying that something is a difficulty when it actually is. Some common clinical examples may be seen when family members deny that sexual abuse is occurring in their family, or when a battered woman does not acknowledge the seriousness of domestic violence in her relationship, or when parents overlook the need to correct a persistently unruly child. This is a set of *underreactions*.

In child sexual abuse, it is all too common for family members to deny its existence and thus find no need to act. Children drawn into sexual abuse cycles with a perpetrator usually have multiple incentives—for example, shame or fear—to not disclose the abuse to others. Too often, however, a child's attempts at disclosing are met with the same responses as the fabled child who claimed that "The emperor has no clothes!" They are often shamed, blamed, and punished by those who might otherwise take needed action to break the cycle. This usually leads to more isolation and secrecy, and the cycles of abuse continue. Action is needed but not taken. The woman in a power-dominant, abusive relationship is in a similar dilemma. The classic cycle of tension building, abuse, and respite often draws women into a pattern of trying to understand and adjust their relationship with their partner. Traditional gender roles tend to put women in charge of relationships with their partners. The cycle itself evolves greater power dominance and further isolation from others. Often, embarrassment, shame, love, and commitment prevent women from disclosing to others. Others often do not find out about the relationship because they feel they want to honor the couple's privacy and do not want to intrude. However, when women do disclose, common reactions tend to shut the woman down further and isolate her more. Action is needed but not taken, and the cycle goes on.

2. *Action is taken when it should not be.* This is taking action when the perceived difficulty is in essence unchangeable, or it is not really a problem. Some examples are trying to close the "generation gap" when it will always exist; trying to "remember to forget" our grief when we simply need to allow it to be; trying to "will" an erection or climax, as we have already mentioned, when these are the natural by-products of the experience of passion; or suppressing a sad or anxious thought to master depression or anxiety rather than viewing them as a normal and passing occurrence. This is the set of *overreactions*.

For example, the parents of a teenager may try to convince her that her choice of her boyfriend, Spike, is a problem. They can act on this goal in numerous ways. They can tell her that Spike's family background, religion, or ethnicity, and so on, is too different from theirs. They can raise their voices in telling her this. They can tell her of bad things they have heard from the police or school that Spike has done. They can forbid her from seeing Spike, among many other options. As we know from this familiar interaction, these different processes of convincing their daughter that they know best about her boyfriend often reach the same outcome. She loves Spike and will do what she can to be with him. Within the group of parents and teenagers who are in conflict over dating, these actions most often maintain or escalate the conflict. The process varies, but the outcome is the same. The role of good parents of a teenager is not to impose their will upon their youth. It is to allow their teenager, within certain safe limits, to make his or her own choices and learn from natural consequences. Closing the generation gap with adolescents, or attempting to make an oppositional teenager conform to the will of his or her parents, is doomed to confirm that gap. It is only by looking across centuries of generations that we can see that the generation gap has always existed. It may even persist partly because of each generation's attempts to close it. The problem cycle begins when action is taken and it should not be.

3. *Action is taken at the wrong level.* This occurs when first-order change is attempted and only second-order change can resolve the difficulty. This is the case with insomnia, when one must stop trying to get to sleep in order to sleep. Directly pursuing sleep interrupts the spontaneity of falling asleep and creates the insomnia. This is also the case when a person demands spontaneous shows of affection from his or her partner, when these can happen only spontaneously. At the same time, vicious cycles are also triggered when second-order change is attempted and first-order change is all that is needed. An example of this is when parents demand attitude changes from their child when behavior changes are all that are needed. It may be fine that their child doesn't like doing his or her homework, as long as he or she does it. These examples illustrate how action at the wrong level can lead to overreacting or overpursuing the problem.

A further illustration of overpursuit is the dilemma faced by a person who is attempting to get his or her mate to show

expressions of love, or of self-determination. The more I tell my partner how to show me love or how to be self-directed, the more his or her responses will fail to meet my goal. If my partner complies with my directives, then he or she may not be showing his or her own genuine wishes. If my partner refuses to comply, then I am somehow failing to get what I need. The problem, of course, is that in all cases I am initiating the action and not my partner. Free-will gestures of love or self-determination can only come from the other.

Vicious cycles can be initiated when a problem is conceptualized at the wrong level of simplicity or complexity. If the problem is viewed as more complicated than necessary, the problem solver will read too much into the problem. This in turn leads to either taking unnecessary actions or not taking actions that are needed. Viewing a problem too simplistically results in not reading enough into the situation, and again the problem solver may not act when it is needed, or may repeat actions that are unnecessary. As previously stated, failure to take necessary actions can be understood as an underreaction to the problem.

For example, consider a man who is distressed because he believes that his wife has lost interest in him. She has told him many times that if he would help out more with household tasks, then she would have more time for sex. The man decides that it can't be that simple, that the real reason for his wife's lack of interest is that she has lost interest in his physical body. Instead of helping out at home, he spends time at the gym trying to develop his muscles to look more attractive. His wife, however, loses more interest because he is gone more. As she loses more and more interest, he works out more often, and for longer periods. Finally, he has an affair. In his mind, he is hoping that his wife will see that other women are attracted to his body. This example, which occurs more frequently than one might expect, illustrates how making a problem more complex than is necessary creates a situation in which many unnecessary steps are taken. In this case, the unnecessary steps missed the point. The husband may feel that he did a great deal of work, especially in the beginning, to solve his marital problem. In the end, his response was an underreaction to the problem at hand, namely, failure to help his wife keep the house clean. His wrong-level solutions made the problem even worse.

Across all of these problem variations, a common theme is the vicious cycle. Invariably, the more a solution is ineffective or exacerbates a problem, the more it is applied. This is a *positive feedback loop*. Most problems take on this characteristic spiral of ineffective change. The more clients try to master their anxiety by avoiding it, the more anxious they find themselves. The more sleepless clients try to will themselves to sleep, the more it keeps them awake. The more I attempt to confront alcoholics with their drinking, the

more adamant their denial grows. The more I try to prevent clients from repeatedly cutting themselves because they feel that no one understands and can help them, the more they feel misunderstood by me and want to cut themselves. Vicious cycles occur between clients and helpers, such as therapists, as easily as they do between clients and their own perceived dilemmas. These problem cycles may be initiated in several ways but, once initiated, the cycle is the same. The content may be different, but the process is the same. Problems involve stability and change. Problems are vicious cycles, positive feedback loops, and solution-generated problems.

FOLLOWING THE THREAD

Stability and change are closely related. In human affairs, to keep things stable, they must change. Furthermore, attempts to change may result in stability. As we describe in the next chapter, stability and change can relate to one another in a proverbial finger trap. From this viewpoint, problems are stable, and problems are similar. Problems are the same damn thing over and over again when viewed through this lens of change. There are several ways that the process may start, but once it has begun the process is the same for all problems. If this perspective on change leads to this view of problems, then what does it say about the effective resolution of problems? What unites effective therapies? Do effective therapists do the same things? We address these questions in the next chapter. Understanding second-order change will offer answers.